

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041245  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10995

FILED NOV 15 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL #1</u>		d. STREET ADDRESS (If outside, give location) <u>100 N. BROADWAY - APT. 200</u>	
3. NAME OF DECEASED (Type or print) <u>ROBERT BROWN</u>		4. DATE OF DEATH Month <u>10</u> Day <u>6</u> Year <u>63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>UNKNOWN</u>	8. DATE OF BIRTH <u>UNK</u>
9. AGE (last birthday) <u>42</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DECKHAND</u>		11. BIRTHPLACE (City and state or country) <u>CALIFORNIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DECKHAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>PEARL BAIRD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNK</u>	
17. INFORMANT <u>HELEN L. TAYLOR CORONER - 1300 Clark</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>AND Ateletasis of the left lung; Stab wound of the heart with hemopericardium suffered when stabbed with knife in hands of one James Compton in scuffle in restaurant at 100 North Broadway about 4:15 a.m. on October 6, 1963.</u> DUE TO (b) <u>one James Compton in scuffle in restaurant at 100 North Broadway about 4:15 a.m. on October 6, 1963.</u> DUE TO (c) <u>EXCUSABLE HOMICIDE</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>982X</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>(SEE ABOVE)</u>			
20c. TIME OF INJURY Hour <u>4:15</u> a.m. <u>10/6/63</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RESTAURANT</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u>	
20g. COUNTY <u>Missouri</u>		20h. STATE	
21. I attended the deceased from <u>7:35 AM.</u> to <u>—</u> and last saw him alive on <u>—</u> Death occurred at <u>7:35 AM.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Helen L. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Ave.</u>	
22c. DATE SIGNED <u>11-4-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>11-30-63</u>		23b. DATE <u>11-30-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>MO. ANATOMICAL BOARD, 1402 S. GRAND</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 7 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

1

2

3

4

5

6

7

8

9

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

Student \_\_\_\_\_  
 Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.